

C 1 1171

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 516063

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM DD YY 2 21 06

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 95 - 0228

OWNER Horton R. D. STREET OR RFD Heather Glen Way TOWN Clarksville md SUBDIVISION Sunbury Covered SECTION LOT X 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Mica Rock.

GROUTING RECORD form with fields for GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for CASING TYPE (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, SCREEN TYPE (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-26, 38-41, 45-47, 51) and corresponding well numbers.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT.

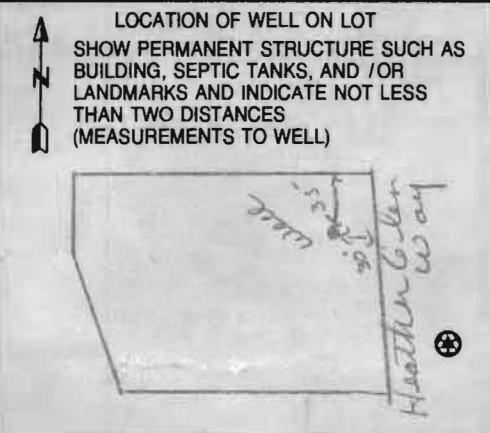
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

DRILLERS LIC. NO. M SD 024, DRILLERS SIGNATURE, LIC. NO. D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 1476

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-0228 fill in this form completely

523944 please type

Date Received (APA)

01 20 06

OWNER INFORMATION

15 Last Name: Houston Owner: R. D. First Name: 34

36 Street or RFD: 1370 Piccard Drive 55

57 Town: Rockville 70 State: Md 72 Zip: 20850 76

DRILLER INFORMATION

Driller's Name: Joseph B. Mayne M SD 024 License No. 76 81

Firm Name: Joseph B. Mayne Well Drilling

Address: 5512 Ridge Rd Mt. Airy Md 21771

Signature: Joseph B. Mayne Date: 1-6-06

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

LOCATION OF WELL

8 COUNTY: Howard 21

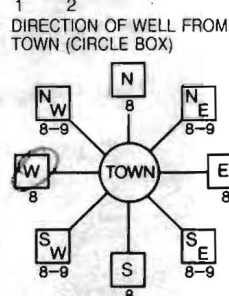
23 SUBDIVISION: Linnbury Grove 42

SECTION: 44 46 LOT: 6 48 50

52 NEAREST TOWN: Clarksville 71

MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Heather Glen Way 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, SOUTH, EAST

DISTANCE FROM ROAD: 25 FT ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 11 PARCEL: 77

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO. AS16063

STATE SIGNATURE: INSERT S 41

DATE ISSUED: 2/7/06 CO SIGNATURE: [Signature] EXP. DATE: 2/7/07

NORTH GRID: 498 000 EAST GRID: 814 000

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTary DRIVE-POINT

other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER: HD 2006 G 003

PERMIT No. HD-95-0228

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED

Radium & VOC testing See attached

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. well
2.
3.

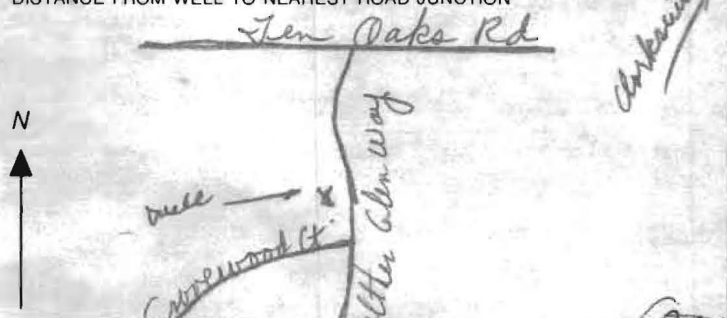
WRITE THE BOX NUMBER FROM THE MAP HERE

E 814

N 498

2/2/06 grant missed samples for VOC & Radium

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



letter 2/8/06 B. Nixon

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: EASTERDAY WELL & PUMP Telephone #: 301-831-5170
9265 BROWN CHURCH RD
 Address: MT. AIRY, MD. 21771
301-831-5170

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Jerry A. Miller, III License# WR0074

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Compass Homes Telephone #: 410-531-1223
 Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0228 ✓
 Site Address: 6238 Heather Glen Way
Clarksville, MD. 21039

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Martinson</u>	Two piece watertight cap: _____
Model #: <u>10257</u>	Model#: <u>A-10X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>3 1/2</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)	Conduit secured to well cap: <input checked="" type="checkbox"/>	

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors, Cable guards, or other acceptable method used - Must circle one
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing ✓

Piping to house	House Connection
Type: <u>P.E.</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5ft</u>
Depth of supply line: <u>3 1/2</u> (36" min)	Sleeve sealed properly: <u>YES</u>

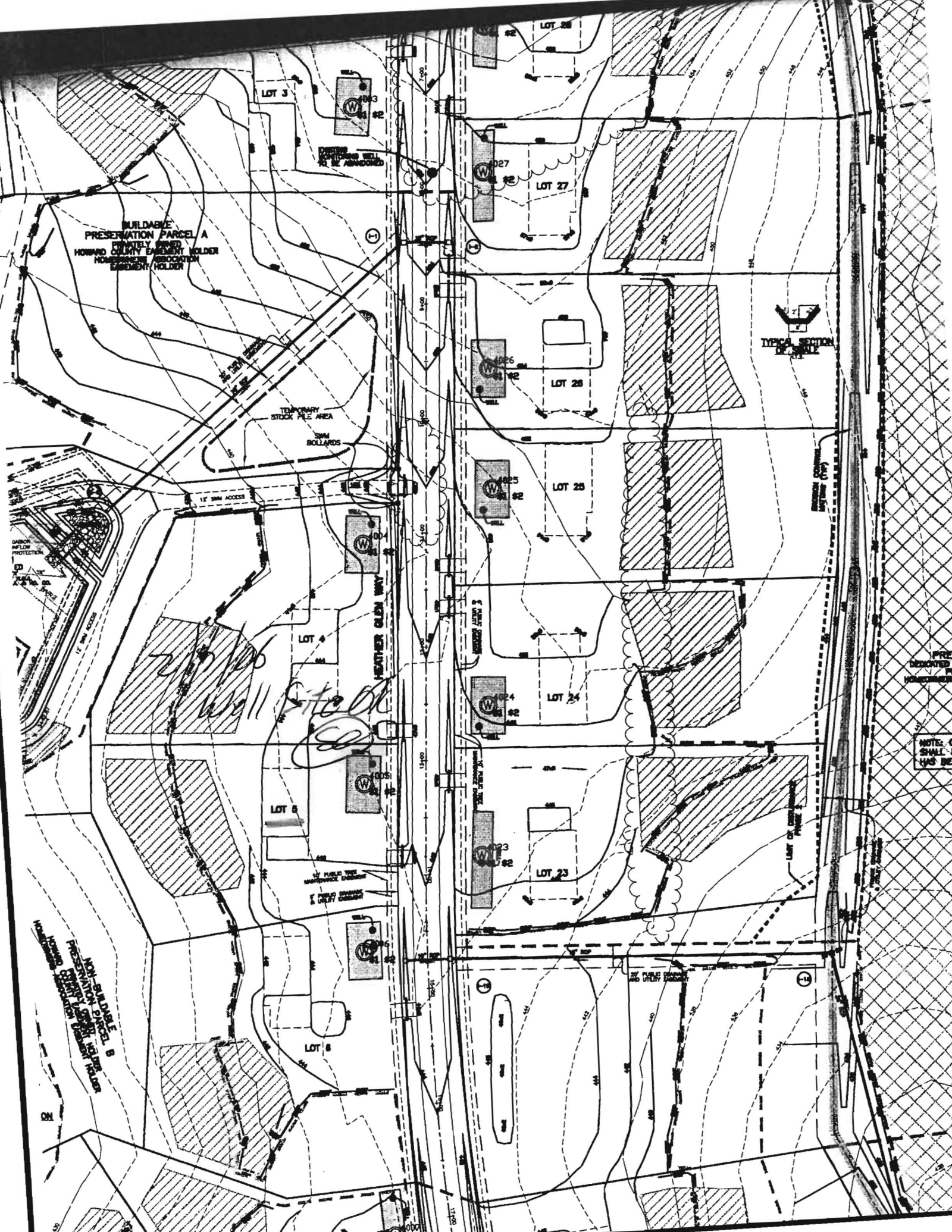
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Jerry A. Miller, III date: 5-21-14

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 10/23/14 Date Insp. Approved: 11/3/14 Inspector: SC/RR
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
 Two piece cap installed and attached to casing securely ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓
 Safety rope not outside of well cap/casing ✓
 Correct well tag attached properly and casing 8" above finished grade ✓
 Water supply line sleeved adequately at house connection ✓
 Adequate grout observed below pitless adapter ✓

well tag missing 10/23/14 SC/RR
 well tag attached 11/3/14 SC



BUILDABLE PRESERVATION PARCEL A
UNITS 1-10
HOWARD COUNTY EASEMENT HOLDER
HOUSING AND HOBBY ASSOCIATION
EASEMENT HOLDER

LOT 3

LOT 27

LOT 28

LOT 25

LOT 4

LOT 24

LOT 5

LOT 23

LOT 6

LANDSCAPE PROTECTION

TEMPORARY STOCK PILE AREA

1' SWM ACCESS

HEATHER GLEN WAY

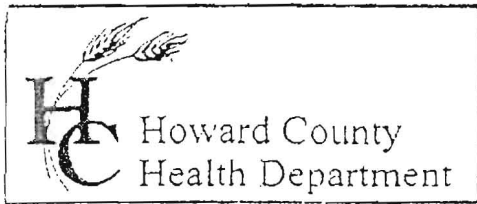
TYPICAL SECTION OF WALL

Handwritten: Wall Stone

NO NEW BUILDING
UNITS 11-20
UNITS 21-30
UNITS 31-40
UNITS 41-50
UNITS 51-60
UNITS 61-70
UNITS 71-80
UNITS 81-90
UNITS 91-100

PREPARED BY
DATE

NOTES: CO...
SHALL BE...
HAS BEEN



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

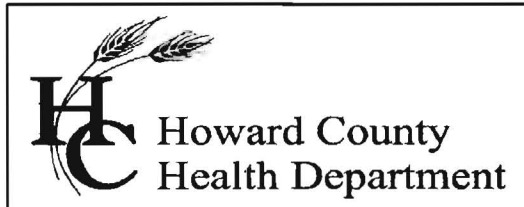
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 12-14-05 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

33 Lots for D. R. Horton
Surnbury Grove



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM

Expiration Date – SEPTEMBER 25, 2015

March 25, 2015

Homeowner
6238 Heather Glen Way
Clarksville, MD 21029

RE: Preserve @ Clarksville, Lot 6
6238 Heather Glen Way
Building Permit: B13002645
Well Permit: HO-95-0228

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **3/19/2015**. Final approval of the well line connection to the dwelling was granted on **11/14/2014**. The well construction was completed on **2/21/2006**. Water samples were collected on **12/19/2014**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Gross Alpha and Beta samples were also collected on **12/19/2014**. Results showed a Gross Alpha level of **35.0 ± 3.9 pCi/L** and Gross Beta level of **27.6 ± 2.1 pCi/L**. **This exceeds the maximum contaminant level (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

After installation of a radionuclide removal device (Reverse Osmosis, Softener), post-treatment water samples were collected on **2/26/2015** and indicated a Gross Alpha level of **.9 ± 0.5 pCi/L**, a Gross Beta level of **1.8 ± 1.1 pCi/L**, and a Radium 226/228 level of **1.1 ± 0.6 pCi/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.

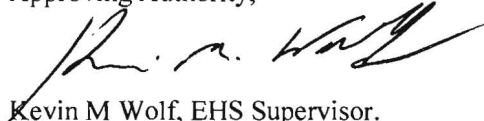
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0228. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Kevin M Wolf, EHS Supervisor.
Environmental Health Specialist
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



Maryland State Certified Laboratory #318

NTS - BALTIMORE
Formerly Trace Laboratories, Inc.
5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
www.nts.com

CERTIFICATE OF ANALYSIS

Requester:

Compass Homes
Attn: Elizabeth Jackson
P.O. Box 299
Severna Park, Maryland 21146

S/O Number: 99434

Report Date: March 25, 2015

Property Sampled: 6238 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002645
Sampler ID #: 5745KC
Samples Iced: Yes

County: Howard

Subdivision: Preserve at Clarksville

Lot #: 6

Date/Time Collected in Field: March 23, 2015 2:37 pm

Date/Time Received in Lab: March 23, 2015 4:26 pm

Well Tag #: HO-95-0228

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A - Raw Sample

Table with 3 columns: VOLATILE COMPOUNDS EPA 524.2 (GC/MS), MRL (ppb or µg/L), and RESULT (ppb or µg/L). Rows list various compounds like tert-Amyl Alcohol (TAA), Benzene, Bromobenzene, etc., with their respective MRL and results (ND).



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Compass Homes
Attn: Elizabeth Jackson
P.O. Box 299
Severna Park, Maryland 21146

S/O Number: 97078

Report Date: January 7, 2015

Raw Sample

Property Sampled: 6238 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002645
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard Subdivision: Preserve at Clarksville Lot #: 6

Date/Time Collected in Field: December 19, 2014 11:25 am

Date/Time Received in Lab: December 19, 2014 12:31 pm

Well Tag #: HO-95-0228
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A - Raw Sample

Table with 5 columns: PARAMETER, METHOD, MCL/*SMCL, RESULT, COMMENT. Rows include Total Coliform, E. coli, Nitrate, Turbidity, pH (Field), and Sand.

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Signature of Katherine C. Higgs
Katherine C. Higgs
Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA
*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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VOLATILE COMPOUNDS EPA 524.2 (GC/MS)	MRL (ppb or µg/L)	RESULT (ppb or µg/L)
1,2,3-Trichlorobenzene	0.50	ND
1,2,4-Trichlorobenzene	0.50	ND
1,1,1-Trichloroethane	0.50	ND
1,1,2-Trichloroethane	0.50	ND
Trichloroethene	0.50	ND
Trichlorofluoromethane	0.50	ND
1,2,3-Trichloropropane	0.50	ND
1,2,4-Trimethylbenzene	0.50	ND
1,3,5-Trimethylbenzene	0.50	ND
Vinyl Chloride	0.50	ND
o-Xylene	0.50	ND
m- & p-Xylenes	0.50	ND

Bolded red results are above the EPA regulatory limit and are considered unsafe for human consumption.
Bolded black results are above the MRL and below the EPA regulatory limit.

MRL: Method Reporting Limit, the smallest amount of a substance that can be quantitated in a sample

ND: Analyte NOT DETECTED at or above the method reporting limit

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Katherine C. Higgs
Katherine C. Higgs
Manager – Drinking Water Testing



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5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
www.nts.com

CERTIFICATE OF ANALYSIS

VOLATILE COMPOUNDS EPA 524.2 (GC/MS)	MRL (ppb or µg/L)	RESULT (ppb or µg/L)
2- & 4-Chlorotoluene	0.50	ND
1,2 -Dibromo-3-chloropropane	0.50	ND
Dibromochloromethane	0.50	ND
1,2-Dibromoethane (EDB)	0.50	ND
Dibromomethane	0.50	ND
1,2-Dichlorobenzene	0.50	ND
1,3-Dichlorobenzene	0.50	ND
1,4-Dichlorobenzene	0.50	ND
Dichlorodifluoromethane	0.50	ND
1,1-Dichloroethane	0.50	ND
1,2-Dichloroethane	0.50	ND
1,1-Dichloroethene	0.50	ND
cis-1,2-Dichloroethene	0.50	ND
trans-1,2-Dichloroethene	0.50	ND
1,2-Dichloropropane	0.50	ND
1,3-Dichloropropane	0.50	ND
2,2-Dichloropropane	0.50	ND
1,1-Dichloropropene	0.50	ND
cis-1,3-Dichloropropene	0.50	ND
trans-1,3-Dichloropropene	0.50	ND
Diisopropyl Ether (DIPE)	0.50	ND
Ethyl-t-Butyl Ether (ETBE)	0.50	ND
Ethylbenzene	0.50	ND
Hexachlorobutadiene	0.50	ND
Isopropylbenzene	0.50	ND
p-Isopropyl Toluene	0.50	ND
Methyl-t-Butyl Ether (MTBE)	0.50	ND
Methylene Chloride	0.50	ND
Naphthalene	0.50	ND
n-Propylbenzene	0.50	ND
Styrene	0.50	ND
1,1,1,2-Tetrachloroethane	0.50	ND
1,1,2,2-Tetrachloroethane	0.50	ND
Tetrachloroethene	0.50	ND
Toluene	0.50	ND



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www.nts.com

CERTIFICATE OF ANALYSIS

Requester:

Compass Homes
Attn: Elizabeth Jackson
P.O. Box 299
Severna Park, Maryland 21146

S/O Number: 99078

Report Date: March 11, 2015

Property Sampled: 6238 Heather Glen Way, 21029
Sample Location: R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002645
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: Preserve at Clarksville

Lot #: 6

Date/Time Collected in Field: February 26, 2015 10:08 am

Date/Time Received in Lab: February 26, 2015 2:36 pm

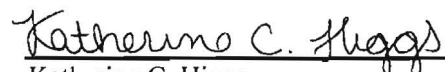
Well Tag #: HO-95-0228

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter, Softener, Reverse Osmosis (R/O)

PARAMETER	METHOD	MCL* (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha (Short-Term)	EPA 900.0	15	<1.0 ± 0.6	Pass
Gross Beta (Short-Term)	EPA 900.0	50	2.8 ± 1.3	Pass
Gross Alpha (Long-Term)	EPA 900.0	15	<0.9 ± 0.5	Pass
Gross Beta (Long-Term)	EPA 900.0	50	<1.8 ± 1.1	Pass
Radium 226	EPA 903.1	5 pCi/L Combined	0.2 ± 0.1	Pass
Radium 228	EPA Ra-05		<0.9 ± 0.5	

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Katherine C. Higgs
Manager - Drinking Water Testing



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Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Compass Homes
Attn: Elizabeth Jackson
P.O. Box 299
Severna Park, Maryland 21146

S/O Number: 97557

Report Date: January 22, 2015

Retest #1

Property Sampled: 6238 Heather Glen Way, 21029
Sample Location: R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002645
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard Subdivision: Preserve at Clarksville Lot #: 6

Date/Time Collected in Field: January 12, 2015 11:59 am
Date/Time Received in Lab: January 12, 2015 12:51 pm

Well Tag #: HO-95-0228
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter, Reverse Osmosis (R/O)

Table with 5 columns: PARAMETER, METHOD, MCL (pCi/L), RESULT (pCi/L), COMMENT. Rows include Gross Alpha/Beta Short/Long-Term, Radium 226, and Radium 228.

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
Katherine C. Higgs
Manager - Drinking Water Testing



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Compass Homes
 Attn: Elizabeth Jackson
 P.O. Box 299
 Severna Park, Maryland 21146

S/O Number: 97078

Report Date: January 7, 2015

Raw Sample

Property Sampled: 6238 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002645
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Preserve at Clarksville **Lot #:** 6

Date/Time Collected in Field: December 19, 2014 11:25 am
Date/Time Received in Lab: December 19, 2014 12:31 pm

Well Tag #: HO-95-0228
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	4.1 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.9 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	6.6 Units	***
Sand		Absent	Absent	Pass

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MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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CERTIFICATE OF ANALYSIS

Requester:

Compass Homes
 Attn: Elizabeth Jackson
 P.O. Box 299
 Severna Park, Maryland 21146

S/O Number: 97078

Report Date: January 7, 2015

Raw Sample

Property Sampled: 6238 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002645
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Preserve at Clarksville **Lot #:** 6

Date/Time Collected in Field: December 19, 2014 11:25 am

Date/Time Received in Lab: December 19, 2014 12:31 pm

Well Tag #: HO-95-0228
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha (Short-Term)	EPA 900.0	15	35.0 ± 3.9	FAIL
Gross Beta (Short-Term)	EPA 900.0	50	27.6 ± 2.1	Pass
Gross Alpha (Long-Term)	EPA 900.0	15	19.5 ± 2.9	FAIL
Gross Beta (Long-Term)	EPA 900.0	50	24.8 ± 2.0	Pass

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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Compass Homes
 Attn: Elizabeth Jackson
 P.O. Box 299
 Severna Park, Maryland 21146

S/O Number: 97990

Report Date: February 2, 2015

Property Sampled: 6238 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002645
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: Preserve at Clarksville

Lot #: 6

Date/Time Collected in Field: January 26, 2015 9:59 am

Date/Time Received in Lab: January 26, 2015 10:54 am

Well Tag #: HO-95-0228

Well Condition: 2-Piece Cap, Satisfactory

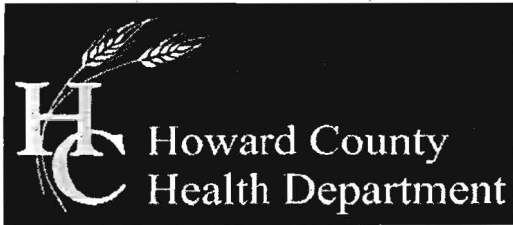
Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Radium 226	EPA 903.1	5 pCi/L Combined	9.3 ± 0.8	FAIL
Radium 228	EPA Ra-05		9.3 ± 1.1	

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs

Katherine C. Higgs
 Manager – Drinking Water Testing



Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
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TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

000134

Maura J. Rossman, M.D., Health Officer

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Phung, Philippe and Pham Caroline ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 6238 Heather, Glen View, Clarksville and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 34, Block # 011, Parcel # 0077, Deed Reference # 148301 and Tax Account # 05-448182 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit 170-75-0228 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi/L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

- 1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department

20
40
24

shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

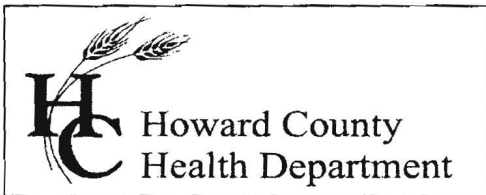
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

	3/20/15		3/20/15
Owner Phillippe	Date	Witness	Date
	3/20/15		3/20/15
Owner Caroline, Pham	Date	Witness	Date

Howard County Health Department Date

LR - Agreement
Recording Fee 20.00
Grantor/Grantee Name:
Health Dept
Reference/Control #: 114
LR - Agreement
Surcharge 40.00
SubTotal: 60.00
Total: 80.00
03/23/2015 02:09
#3993439 000503 - CCL3-NR
Howard Co
Columbia/CO05.03.02 -
Register 07




7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 8, 2006

MEMORANDUM


TO: Joseph L. Mayne Well Drilling
5512 Ridge Road
Mt. Airy, Maryland 21771
Faxed to 301-829-5384

FROM: Stuart Oster, R.S. 
Groundwater Management Section Supervisor
Well and Septic Program

RE: File Number: P-05-013
Title: Turnbery Grove

The Health Department requires that all the wells in this subdivision be tested for radium and V.O.C.'s (Volatile Organic Contaminants). The optimum time to sample would be when the yield test is being completed. When contacting this office about the yield test, please mention that these water test need to be collected. Also, attached is a letter dated November 21, 2005 from Bert Nixon further explaining the radium testing.

Need to be
~~was~~ sampled

2/21/06
UNABLE to test
Radium or VOC's
@ time of yield test
Driller was finished w/yield
at time of arrival
9:55 AM


Cc: D. R. Horton, Inc.
File

Collins, Sarah

From: Collins, Sarah
Sent: Wednesday, November 05, 2014 8:54 AM
To: 'getinfo@compasscustomhomes.com'
Subject: 6238 Heather Glen Way

Please be aware that radium and VOC testing is required before an ICOP can be issued for the well at 6238 Heather Glen Way (well tag #HO-95-0228). Feel free to call our office at 410-313-1771 if you have any questions.

Thank you,
Sarah

Sarah Collins
Environmental Health Specialist Trainee
Howard County Health Department
Bureau of Environmental Health
SCollins@howardcountymd.gov
410-313-6287

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No
ICOP
No
Radium



Bureau of Environmental Health

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Maura J. Rossman, M.D., Health Officer

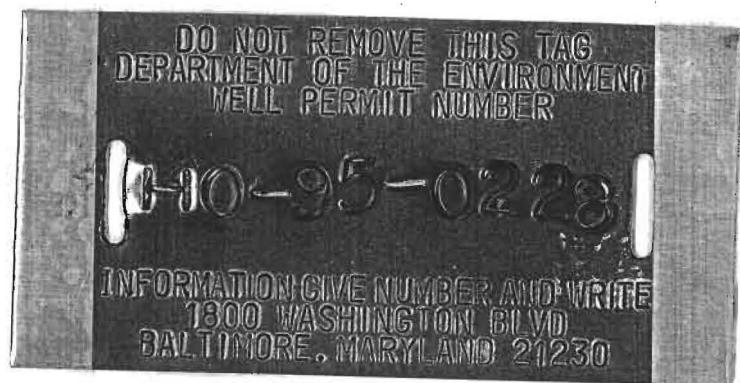
TO: Joseph L. Mayne
5512 Ridge Road
Mt. Airy, MD 21771
301-829-2164

FROM: Sarah Collins *SEC*
Environmental Health Specialist
Well and Septic Program

RE: Replacement well tag

DATE: October 31, 2014

Joseph L. Mayne has requested a replacement well tag #HO-95-0228 for the well located at 6238 Heather Glen Way, Clarksville, MD 21029. Joseph L. Mayne has agreed to affix the new tag to the well. Please contact the Howard County Health Department at 410-313-1771 to schedule a Well Line Re-inspection.



CC: L. Franklin Easterday, Inc.
9265 Brown Church Road
Mt. Airy, MD 21771
301-831-5170

Compass Homes
PO Box 299
Severna Park, MD 21146